

MEDIFLEX CLAIM FORM

Date _____

Employee Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Employee I.D. Number _____

Category	Description	Amount
TPA	Insurance co-pays and deductibles	
CIGNA	HMO co-pays	
RX	Prescription medication	
DENTAL	Exams, x-rays, braces, etc.	
VISION	Glasses, contacts, frames, and exams	
RETIREE PREMIUMS	Months _____ x Cost per mo. _____	
MISC	Any miscellaneous legitimate medical expenses	
	TOTAL	

I hereby certify each of the foregoing items represents a fair and reasonable charge for services rendered to the best of my belief. I hereby further certify none of the medical expenses listed above has been paid or is payable to or on behalf of the above employee under the provision of any

1. Automobile or premises insurance affording benefits or medical expenses,
2. Individual, blanket or group accident, disability or hospitalization insurance,
3. Medical or surgical reimbursement plan,
4. Workmen's compensation or disability benefits law or any similar legislation,
5. Any other source.

Employee Signature _____

Mediflex Instructions

1. Complete top portion of form.
2. Group all receipts by category as shown on the front of this form.
3. Total claims for each category on form and enter total reimbursement requested at bottom of form.
4. Send top copy of completed and signed claim form along with all receipts to Employee Benefits.
5. If there are any discrepancies between the requested amount and your receipts, your claim will be returned to you with an explanation of the discrepancy.
6. Requests for reimbursement that are received in Benefits by 5:00 p.m. Wednesday will be processed and reimbursed in the following week's paycheck. (With the exception of Holidays)

Help us to expedite the processing of your claim!

- Tape or staple small Rx slips to letter-size paper.
- National pharmacy chains such as Walgreens and Osco will usually provide a printout of your prescription drug expenses, eliminating the need for individual receipts. Ask your pharmacy if this service is available. Cigna can also provide this service for Rx and office visits.
- Receipts must be for dates of service within 18 months from the date you are submitting your claim.
- We can't pay from balance-due bills. Be sure your invoice has itemized dates and services.
- For fastest claim processing, include the Explanation of Benefits from your insurance carrier.
- Be sure to keep copies of your receipts. We are unable to return receipts to you once processed.
- Sign the claim form.
- Sloppy or incomplete claims will be returned.
- Call Benefits at x8576, x8080, or x2975 with any questions.